



**TEMPORARY ROAD CLOSURES FOR
EVENTS ON THE PUBLIC HIGHWAY**

**APPLICATION FORM
APRIL 2012 – MARCH 2013**

Part 1:

APPLICATION FORM - TEMPORARY ROAD CLOSURES FOR EVENTS ON THE PUBLIC HIGHWAY

Application Date	YYYY-MM-DD
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Name of Event

Event Name:	
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Applicant Details

Organisation Name: (will appear in notice)	
Contact Name:	
Contact Number: (will appear in notice)	
Contact Email Address:	
Contact Address:	

In making this application the contact or organisation named above:

1. Agrees to fulfil the Standard Terms and Conditions as set out in the guidance.
2. Recognises that Solihull MBC may impose Additional Conditions specific to this particular application.

Traffic Management Arrangements

Responsibility of	<input type="checkbox"/> All traffic management requirements will be the responsibility of the applicant named above.
	<input type="checkbox"/> All traffic management requirements will be the responsibility of an accredited specialist traffic management company [please give details below]

TM Company Name (may appear in notice)		Contact Number: (may appear in notice/order)	
Contact Address:			

Reason for Closure [Please tick]

Description of Event:	<input type="checkbox"/> Parade <input type="checkbox"/> Fun Run/Sporting Event <input type="checkbox"/> Street Party <input type="checkbox"/> Other
Justification for closure	

Extent of Closure [A plan must be provided on Part 2 of this form]

Street Name(s)	
Locality/Area	
Emergency Vehicle Access [Check 1 box only]	<input type="checkbox"/> Access will be maintained through the site for Police, Fire and Ambulance Services responding to emergencies. Warning arrangements to be agreed. <input type="checkbox"/> Access cannot be provided through the closure for Police, Fire and Ambulance Services responding to emergencies

Bus Route/ Bus Stop Suspensions

Is the event to be held on a bus route/ involve suspension or moving of bus stops?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature and location of suspensions	

Parking Suspensions

Are any parking suspensions needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature and location of suspensions	

Period[s] when closure will apply [Please note that 6 months notice is required]

Period Number	Start Date	Start Time	End Date	End Time
1		:		:
2		:		:
3		:		:

Enclosures [Please tick]

Copy of Traffic Management Plan	<input type="checkbox"/>	Copy of Public Liability Insurance	<input type="checkbox"/>	Copy of SAG Questionnaire	<input type="checkbox"/>
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Part 2

EXTENT OF CLOSURE PLAN

A PLAN SHOWING THE EXTENT OF THE CLOSURE IS TO BE
INSERTED HERE

IT MUST BE SUFFICIENTLY DETAILED TO INDICATE ACCESS ROUTES
TO PROPERTIES OR THROUGH THE CLOSURE FOR PEDESTRIANS

PROPOSED DIVERSION ROUTE [1:50,000 OR LESS]

A PLAN SHOWING THE PROPOSED DIVERSION ROUTE
IS TO BE SHOWN HERE

IT MUST BE SUFFICIENTLY DETAILED TO INDICATE CLEARLY THE
ENTIRE SUGGESTED ROUTE